

220 SE Green Street | Lee's Summit, MO 64063 | P: 816.969.1000 | cityofls.net

RECEIPT OF PAYMENT

Receipt Number:	2015013647
Receipt Date:	06/30/2015
Date Paid:	06/30/2015
Payment Method:	Cash,
Check Number:	,
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	LEE'S SUMMIT FAMILY CHIROPRACTIC/KRISTEN HOCKER, Address:8235 CHERRY ST, Phone:(816) 347-1793

Fees:

Fee Description	Reference / Application Number	Amount Paid
0020-Business License	LC1100140525	\$50.00